

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X460

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Establishn   | ent Name   |              |  | Tab 1 . St. S                  |  |                    |              |
|--|--|--------------|--|--------------------------------|--|--------------------|--------------|
| Penn Station   |  |              |  | Telephone Number  812 944 43/0 | Date of Inspection PERMIT # (mm/dd/yr) |                    |              |
| Establishment Address (number and street, city, state, zip code)   |  |              |  | 4                              | 5/12                                   | 5/12/20 19-225     |              |
|  |  |              | Rd. Hum Albany IN 47150                        | 582 727 5121                   | 3/12                                   | 5/12/20 19-22      |              |
| Owner  |  |              |  | Purpose:                       | Follow-u                               | n Releas           | e Date       |
| Grea   | Vissi  | La.          |  | 1. Routine                     | " '                                    |                    |              |
| Gree<br>Owner's A  | ddress   | 7            |  | ┥                              | No 10 days                             |                    |              |
|  |  | •            |  | Follow-up                      | Summary of Violations:                 |                    |              |
| Person in C  | Thomas   |              |  | 3. Complaint                   | 1 2 2 2                                |                    |              |
| 7  | M  |              |  | 4. Pre-Operational             | C D NC B RD                            |                    |              |
|  | Mari   |              |  | 5. Temporary                   | Temporary                              |                    |              |
| Responsibl   | e Person's   | E-ma         | ll .   | ·                              | Menu Type (See back of page)           |                    |              |
|  |  | _            |  | 6. HACCP                       |  |                    |              |
| Certified F  | ood Mana   | ger          | (1/20/)  | 7. Other (list)                | 123 🗶 45                               |                    |              |
| Lach   | 10/0   | 9 1          | (1/29/25)                                      | Covid-19                       |  |                    |              |
| • CRITICAL   | TTEMS A  | RE IDE       | NTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS | MARKED "C"                     |  |                    |              |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" |  |              |  |                                |  |                    |              |
|  |  | _            |  | UMMARY OF VIOLATIONS" A        | AND IN THE N                           | ARRATIVE           | BELOW AS "R" |
| Section#   | C/NC   | R            | Narrative                                      |                                |  | To Be Corrected By |              |
|  |  | L            |  |                                |  |                    |              |
|  |  |              | No violations. All corners                     | tions made.                    |  |                    |              |
|  |  |              | TOO VIOLOTAS, THE COPPEL                       | ring made,                     |  |                    |              |
|  |  |              |  |                                | _                                      |                    |              |
|  |  |              |  |                                |  |                    |              |
|  | Discussed Could 19 maked and southers  |              |  |                                |  |                    |              |
| -  | Discussed Carial 19 protocal and procedures, including removing 1-66y self-service |              |  |                                |  |                    |              |
|  | Including Musuing 1. Bby Self- Service   |              |  |                                |  |                    |              |
| -  |  |              |  |                                |  |                    |              |
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|  |  |              |  | <del></del>                    |  |                    |              |
| Received by (name and title printed):  |  |              |  | Inspected by (name and title   | orinted):                              |                    |              |
| 7 (  |  |              |  | A i                            |  | lour               | ĺ            |
| Received by (signature):   |  |              |  | The Market                     | Ingram                                 | (EMS)              |              |
| Vereinen nå  | (aignature);   | ,            | And  | Inspected by (signature):      | _ •                                    |                    |              |
| <u> </u>   | WWW.   | 1            | 11160000W\                                     |                                | 9                                      |                    |              |
| cc: U  | 7/   |              | cc;  |                                | ce;                                    |                    | <del></del>  |
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